The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health	Departmer	ut, City	of Baltim	ore.
Permit No. A 6/	Office of Regis	trar of Vila	al Statistics.	Ward / 7
The Physician who attended a to the Undertaker or other person requested so to do, under penalty of No Permi	any person in a last illness superintending the buries.	is responsible for the	presentation of this Certification of the Certifica	ficate, accordely filled out, if deceased, or sooner, if
	TIFICAT		DEATH	
Date of Death, Ma	ay 29 th 1887			
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents.	Margares	+ Barry	)
Sex, Male or Female, Cro	ss out the word not } uired in this line.			
Age, 25			Months,	Days.
Color,	White		11	
Married, Single, Widow of Occupation,		he words not }	V	
Birth Place, State or country, a long in the United	nd how   Ber	Utimore To	ty Ma.	
Duration of Residence in	n the City of Baltin	more,	Life Time	
$Place \ of \ Death, \{^{ ext{Give Street a}}_{ ext{Number.}}$	md}	34 Haur	fert St. Locus	forit )
$\textit{Cause of Death}, egin{cases}  ext{First (Properties)} \  ext{Second (} \end{cases}$				
Duration of Last Sickne	e furnished by the Physician	y ou	er days	
Place of Burial, Da	Chinor Ger	welling		
Date of Burial, Angel	43/2487	1 Mich	das L'yas	thill, M. D.
Undertaker, JULYA Place of Business,	35 Alice h	Address. 7	Medie S. Boro	al Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Mealth With of Baltimore, Office of Registrar of Vital Statistics. Ward / 9 The Physician who attended any person in a last illness as responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the barian within twenty four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. NO PERMIT FOR BURIAR CAN'RE OBTAINED WITHOUT PROPER CERTIFICATE DEATH May 28 Date of Death, Write lead by and spell correctly. If an infant not no med, give names of parents, Full Name of Deceased, Sex, Male or Female, Cross out the word not required in this line. Days, Years. White Color. Married, Single, Widow or Widower, Cross out the word not required in this line. Occupation..... rook to Birthplace, State or country, and how long in the United States. Duration of Residence in the City of Baltimore, 30 3/ar Place of Death, (Give street and Number. First (Primary), Cause of Death, Second (Immediate), .. Duration of Last Sickness, Place of Burial, U Latern Date of Burial, May 30 Medical Attendant Place of Business, 425 Mades Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore. Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superints nding the Burial, a certificate setting forth as far as the

same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and

date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to famish within forty-eight hours after the death, to the Undertaker or other persons super at inding the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and

date of death, except in cases of births and deaths of illegitimate children

The Special Attention of Fire

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health	Department,	City of	Baltimor	e.
Permit No. Al 64	Office of Registra	r of Vital St	atistics. War	1122
to the Undertaker or other person s		twenty-four hours atte	er the death of said dece	accurately filled out, eased, or sooner, if
CFD	TIFICATE	OF	FATU	(2)
CER	TIT TOTAL	E D	EATII.	
Date of Death,	May I	<i>~</i> /		
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents.	u Thimpson	my telley	Thompson
Sex, Male or Female, {Cros	s out the word not }	months in	untero 30	Corents
Age,	Years,	Month	tetero }	Days.
Color,	Col	net	/	
Married, Single, Widow o	r Widower, {Cross out the work required in this li	ds not }	1/	
Occupation,	days when the second			
Birth Place, State or country, an long in the United if of foreign birth.	d how   Back	1		,
Duration of Residence in	the City of Baltimore	, Duju	q life	/
Place of Death, Give Street ar Number.	d}	5 68 Presh	on st	west
$Cause \ of \ Death, egin{cases}  ext{First (Prince)} \  ext{Second (I)} \end{cases}$	imary),	Helector	bes,	
Duration of Last Sickness All the above information should be	furnished by the Physician.	ly a pur	a hours ofly	prosp
Place of Burial, Louis	I bernety	0		
Date of Burial June	12 1887	10	Hoale	<b>14</b> D
{ Undertaker, Uley	bensly	1019	Medical Atter	M. D.
Place of Business, 56	10 marco AA	ldress,	2111-0	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Place of Business,

The Special Attention of Physician	as is Respectfully Invited to t	he Remarks below, and to	List of Diseases on I	back of this Cerum
<b>Health</b>	Departmen	· · · · · · · · · · · · · · · · · · ·		re.
The Physician who attended to the Undertaker or other person requested so to do, under penalty of No Person No Perso	Office of Regist any person in a last illness, is superintending the burisl, w of law.	s responsible for the presentithin twenty-four hours after	tation of this Certifer the death of said	Ward icate, accurately filled out deceased, or sooner, i
CEF	RTIFICAT	E OF D	EATH	
Date of Death,		May	29 11	157
Date of Death,	Write legibly and spell correctly. If an Infant not named, give names	george !	I Sin	imons
Sex, Male or Female, { rec	oss out the word not puired in this line.	Mu	U	443
Age,	Yars,	Month	s, 8	Days
Age,	level	erd		
Married, Single, Widow				
Occupation,				1
Birth Place, State or country, a long in the United if of foreign birth	ind how States, But	timore	<b>V</b>	
Duration of Residence i	n the City of Baltim	ore, Life	******	
Place of Death, Give Street a Number.	and }	543 1	Nove.	alley
First (P	rimary),(Immediate),			
Duration of Last Sickne		4 Day	1	
Place of Burial, Lan	nel cem	eten 1		
Date of Burial, Me	- 1	An and a second	All:	- , -
( Undertaker, A H	emsley !			M. D.

Orchard Sonddress,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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be Seward S. J.

LTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132, Printed 10/25/202

The Special Attention of Physicians	is Respectfully	Invited to the R	emarks below	, and to Li	ist of Diseases or	Back of this e	_
Bealth	Depar	tment,	City	of	Baltin	ore.	
Permit No. 214	Office of	Remistra	Dat Wit	al C+	22.22	w . /	10
to the Undertaker or other person su requested so to do, under penalty of h	person in a las	t illness, is respe e buddid within At the Obtaine	usible for the twenty-four box	presentation	on of this Centifi he death of said	deceased, or s	alled out,
CER	TIFIC	CATE	OP	DE	ATH	R. C	1
Date of Death,	•	May	28	- 18	887		
Full Name of Deceased, $\left\{egin{smallmatrix} W_{\text{coll}} \\ \text{no} \\ \text{of} \end{array}\right\}$	rite legibly and spreedly. If an Infa t named, give named, parents.	ell wie weight	llian	· LK.	Dan	hart	_
Sex, Male of Female, {Cross our required	t the word not }	1	1, ,		114	Not you	
Age, /J	Years,		U M	onths.			Days
Tolor,		Will	1			1.	Days
Married, Single, Widow or	Widower, {	Cross out the words	not}		1		
Occupation,		F	-		1/	<i></i>	
Sirth Place, State or country, and he long in the United State of foreign birth.	0w 6s,}	10	altri	nose			
Duration of Residence in th	e City of 1	Baltimore,					
Place of Death, {Give Street and Number.}			far	who	ga S.	۲.	
$ause  of  Death, egin{cases}  ext{First (Primar} \  ext{Second (Imm.} \end{cases}$		Hype.					
uration of Last Sickness,		"6	mos	de	Ŋ		
lace of Burial, Loudes		2	0	•			
ate of Burial, May	300		$Q_{j}$	4.0	Cod	4.	
Undertaker, f	wan	·····	1	510	Gud M. Car	M.	D.
Place of Business, 111	holler	2 ot Ad	dress, 5	06	H. Car	rollion	au

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Secrion 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause lover.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this
Health Departmentonellen of Baltimore.
Permit No. Office of Registrar of Vilas Statistics. Ward  The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the borial, within the death of said deceased, or sooner, is requested so to do, under penalty of law.  No Permit for Burial can be Default. Within the Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, "May 287% (887
Full Name of Deceased, {Write legibly and spefil correctly. If an Infant not named, give names of parents.  Sex, Male or Female, {Cross out the word not required in this line.}
Sex, Male or Female, {Cross out the word not } ———————————————————————————————————
Age. Years, Months, Days
Color, Colorso . /
Married, Single, Widow or Widower, {Cross out the words not }
o i or one
Birth Place, State or country, and how long in the United States, of Politimore
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 215 % Veneret Al
Cause of Death, Second (Immediate),
Duration of Last Sickness,  All the above information should be furnished by the Physician.
Place of Burial, yours Townson
Date of Burial. Mich 1 177
(Undertaker, William Norige M. D. Medical Attendant.
Undertaker, William Novinger  Medical Attendant.  Place of Business, 150 Early  Address, 203 M. Leavy
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certain Permit No. Office of The Physician who attended any person in a las Registry of The Physician who attended any person in a last the stresponsible for the positive to the Undertaker or other person superintending the broad within twenty-four hours requested so to do, under penalty of law.

No Permit for Burial can be Obta ned without Vital Statistics. illows, is responsible for the presentation of this Certificate, accurately filled on the death of said deceased, or sooner, PROPER CERTIFICATE. Date of Death, Full Name of Deceased, Write legibly and correctly. If an infa not named, give named of parents. Female, (Cross out the word not required in this line. Age, Color, Months, Married, Single, Widow or Widower, Cross out the words not required in this line. Days. Occupation,... Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore Place of Death, Give Street and Number. Cause of Death, Second (Immediate) Duration of Last Sickness, All the above information should be furnished by Place of Burial, Date of Burial, Place of Business, 2 M. D. Medical Attendant. Cles Address, 6 Extract from Regulations of the Board of Health to secure a full and correct Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of twenty-four hours after the death, to the Undertaker or other persons superintending the case comes under his notice, to furnish within the same of death.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause [over.]

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Bepartment, City of Baltimore. The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, requested so to do, under penalty of law.

No Penalty For Rule Control of the death of said deceased, or sooner, if PROPER CERTIFICATE. Date of Death,\_ Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, Cross out the word not required in this line. Age, Months, Color, Days. Married, Single, Widow or Widower, Cross out the words not } Occupation, Scales Birth Place, State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore  $Place \ of \ Death, \{ {}^{ ext{Give Street and}}_{ ext{Number.}} \}$ First (Primary), Cause of Death, Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial New (alhe fired Cy Date of Burial, Man 31 (Undertaker, M. D.Place of Business, 302 Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause fover.

[OVER.]

The Special Attention of Physicia	ans is Respectfully Invited to t	the Remarks below, and to	List of Diseases on back	of this co.
Health	<b>Departmen</b>	ut. City of	Baltimor	e. 0 %-
Permit No. A	Office of Regist			
The Physician who attende to the Undertaker or other perso requested so to do, under penalty No Pen	ed any person in a last illness in superintending the burnel, of law.  RMIT FOR BURIAL CAS DE OF	/ -		, accurately filled out eased, or sooner, if
CEI	RTIFICAT	E OF D	EATH.	0
Date of Death,	cl	lay 29th	1887	
Full Name of Deceased	Write legibly and spell correctly. If an Infant not named, give names of parents.	Frank Ge	uruski	
Sex, Male or Female, {;				
Age,	/ Years,	9 Month	hs,	Days.
Color,		While	1/	
Married, Single, Widow	or Widower, {Cross out the required in	ne words not }		
Occupation,			\$ (************************************	
$Birth\ Place, egin{cases}  ext{State or country} \  ext{long in the Uni} \  ext{if of foreign bir} \end{cases}$	ted States,	Qu .	to Birth	
Duration of Residence	\// / A	nore, sue	1 ( -	
$Place  of  Death, \{^{ ext{Give Street}}_{ ext{Number}}$	et and } # 60	1 8, 1300	id p	
Cause of Death $\{$ Second	(Primary),	a'		
Secon		Diptheria		*
Duration of Last Sick	be furnished by the Physician.	Ou week		
Place of Burial, Sh	apricons 4:	177		
Date of Burial,	my 30 87	1Xof H	Polle or	
Date of Burial, of Company of Burial, of Company of Business, 12	Brosharts	y one v.	Medical Atte	M. D.
Place of Business	32 Olls annas	Address, 1709	alice am	ech-

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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